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APPLICANTS

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** CONTINUING DATA *****

NONE

** FOREIGN APPLICATIONS *****

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 5	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

ADDRESS

26824
ALEX RHODES
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TITLE

Eye injury treatment station

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